

NEW YORK TITLE XXI PROGRAM FACT SHEET

Name of Plan:	Child Health Plus B (separate child health program)
Date State Plan Submitted:	November 15, 1997
Date State Plan Approved:	April 1, 1998
Date State Plan Effective:	April 15, 1998
Date Amendment #1 Submitted:	March 26, 1998
Date Amendment #1 Denied:	April 1, 1998
Date of Reconsideration Request:	May 26, 1998 (since withdrawn)
Date Amendment #2 Submitted:	March 30, 1999
Date Amendment #2 Approved:	September 24, 1999
Date Amendment #2 Effective:	January 1, 1999
Date Amendment #3 Submitted:	March 21, 2001
Date Amendment #3 Approved:	July 12, 2001
Date Amendment #3 Effective:	April 1, 2000
Date Amendment #4 Submitted:	March 27, 2002
Date Amendment #4 Approved:	June 25, 2002
Date Amendment #4 Effective:	September 11, 2001 and April 1, 2001
Date Amendment #5 Submitted:	March 31, 2003
Date Amendment #5 Approved:	June 27, 2003
Date Amendment #6 Submitted:	March 22, 2004
Date Amendment #6 Approved:	June 21, 2005
Date Amendment #6 Effective:	April 1, 2003
Date Amendment #7 Submitted:	March 30, 2005
Date Amendment #7 Approved:	August 3, 2005
Date Amendment #7 Effective:	April 1, 2004 and April 1, 2005
Date Amendment #8 Submitted:	March 31, 2006
Date Amendment #8 Approved:	June 23, 2006
Date Amendment #8 Effective:	April 1, 2005

Background

- New York's SCHIP State plan was approved April 1, 1998, and increased children's health coverage by expanding the existing statewide Child Health Plus (CHPlus) program. CHPlus initially provided coverage for children under the age of 19 with net family income at or

below 185 percent of the Federal Poverty Level (FPL). (Currently, New York's Medicaid program is called CHPlus A, and the State's SCHIP program is called CHPlus B.)

Amendments

- New York submitted its first amendment on March 27, 1998, to claim retroactive enhanced matching payments, effective October 1, 1997, through April 15, 1998, the effective date of the State's approved program. This amendment was denied April 1, 1998, because the State's program did not comply with the requirements of title XXI during that time period. The State submitted a reconsideration request for this amendment on May 26, 1998, which was later withdrawn.
- New York submitted its second amendment on March 30, 1999, establishing an SCHIP Medicaid expansion program for children born before October 1, 1983, with net family income at or below 100 percent of the FPL, effective January 1, 1999. Eligibility in the separate child health program was expanded to include children with net family incomes at or below 192 percent of the FPL. The State also reduced cost-sharing requirements and added new benefits to CHPlus B.
- New York submitted its third amendment on March 21, 2001, to expand income eligibility in CHPlus B to children with gross family incomes at or below 250 percent of the FPL or the net equivalent of 200 percent of the FPL after application of income disregards.
- New York submitted its fourth amendment on March 27, 2002, to provide coverage for children ages 6 through 18 with net family income at or below 133 percent of the FPL in the State's SCHIP Medicaid expansion effective April 1, 2002. These children were previously covered under the State's separate child health program. The State also implemented two temporary modifications to its program as a result of the events of September 11, 2001, and added a benefit to its state plan.
- New York submitted its fifth amendment on March 31, 2003. This amendment updates and amends the SCHIP State plan to indicate the State's compliance with the final SCHIP regulations and to add a hospice benefit.
- The State submitted its sixth amendment on March 22, 2004, to revise the SCHIP plan to implement a simplified renewal application, provide a 2-month grace period of eligibility at renewal, change the income verification process at renewal, and update other portions of the State Plan.
- The State submitted its seventh amendment on March 30, 2005, to phase-out the SCHIP Medicaid expansion program effective April 1, 2005, for children aged 6 through 18 years whose family income is between 100 percent and 133 percent of the Federal poverty level and transition them into either Medicaid or the separate child health program at the annual redetermination of eligibility. The amendment also updates other portions of the State plan effective April 1, 2004.

- New York submitted its eighth amendment on March 31, 2006, with a retroactive effective date of April 1, 2005. This amendment institutes 12-months of continuous eligibility without regard to changes in income, although families will be required to report changes in residency and access to other health insurance coverage. The amendment allows for termination of the continuous eligibility period once the child reaches the age of 19, becomes enrolled in Medicaid, or for non-payment of the applicable premium.

Children Covered Under the Program

- The State reported that 618,973 children were ever enrolled in its program during Federal fiscal year 2005.

Administration

- The New York Department of Health (DOH) administers CHPlus B. Insurers are chosen to participate in the program through a competitive request for proposals (RFP) process and contract with the State to provide a managed care product. Approved New York State Medicaid Managed Care insurers may participate in the CHPlus B without a competitive bid or the RFP process.

Health Care Delivery System

- New York uses a managed care insurance product to deliver health services to CHPlus B members. Children have primary care providers who coordinate all health care, including referrals to specialists. To the extent possible, CHPlus B providers are also CHPlus A providers, to ensure a link between the CHPlus A and CHPlus B. Insurers are selected in every geographic region of the State to assure statewide coverage.
- Effective July 1, 2000, any child under the age of 19 whose family's gross income does not exceed 250 percent of the FPL will be presumed temporarily eligible for CHPlus B coverage.

Benefit Package

- The benefit package for enrollees in the separate child health program is the comprehensive benefit package offered under the State-funded CHPlus program that was in effect prior to the establishment of SCHIP, plus several added benefits, including durable medical equipment, inpatient and outpatient mental health, speech therapies, and some non-prescription medications. The fourth amendment added non-airborne pre-hospital emergency medical services provided by an ambulance service, and the fifth amendment added a hospice benefit.

Cost Sharing

- Cost sharing is limited to premiums for families with income above 160 percent of the FPL. Families with income between 160 percent and 222 percent of the FPL pay premiums of \$9 per child per month to a family maximum of \$27 per month. Families with income between

223 percent and 250 percent of the FPL pay premiums of \$15 per child per month to a family maximum of \$45 per month.

- American Indians/Alaskan Native children are exempt from cost sharing.
- In response to the events of September 11, 2001, health plans in New York City were prohibited from disenrolling children for failure to pay the October premium on time.

Coordination between CHPlus and Medicaid

- New York uses two common applications for CHPlus A and B, called Growing Up Healthy (GUH) and Access NY Health Care. Children applying for health insurance on either form are screened first for CHPlus A, and if found ineligible, are screened for CHPlus B.
- New York has contracted with 46 “facilitated enrollers,” responsible for assisting families in applying for and enrolling in CHPlus A or B. Facilitated enrollers provide families with eligibility and application information for both CHPlus A and B, process applications for children who appear to be eligible for CHPlus B, and submit applications to local social services offices when children appear to be eligible for CHPlus A.
- To the extent possible, CHPlus B providers are also CHPlus A providers, allowing children to move between insurance programs without changing providers.

Crowd-Out Strategy

- The State monitors prior insurance of applicants to ensure the program does not substitute for coverage under group health plans. The State collects information quarterly from the plans on prior health insurance status to detect potential crowd out. In addition, the responsible adult completing an application must attest to the source and nature of any health care coverage the child is receiving or has received in the past 6 months.
- Data will be analyzed quarterly to determine whether crowd out is occurring. The State will impose a required period of uninsurance if the State finds that greater than eight percent of total enrollment has dropped employer-based health insurance to enroll in CHPlus B.

Outreach Activities

- New York conducts community outreach and marketing through: (1) a statewide media campaign conducted by the DOH; (2) participating health plans; (3) social services and DOH agencies; and (4) contracts with facilitated enrollers, community-based organizations including, providers, rural health networks, perinatal networks and/or local governments selected through a competitive RFP process.

Financial Information

Total FFY '06 SCHIP Allotment: \$272,452,310

FFY '06 Enhanced Federal Matching Rate: 65.00%

Date Last Updated: CMS, CMSO, FCHPG, DSCI, June23, 2006